

**Massachusetts Department of Public Health
Weekly Distribution System Fluoridation Report-Form B**

Purpose: This form is to be used by the public water supply (PWS) to document fluoride concentrations in the distribution system of the PWS.

Directions:

1. Enter the monitoring period in month/year format.

Section I: Each week during the month, the public water system (PWS) must collect at least one (1) water sample from a tap(s) that represents the water from the distribution entrance point **for a total of at least four (4) distribution samples per month**. At least one (1) distribution sample should be collected at a location(s) near a school. **If the system is providing water to other consecutive PWS it must evenly distribute its 4 weekly distribution samples across the entire combined distribution system. **Please note DPH may require more than 4 weekly distribution samples.**

Section II: Enter 1. the PWS name; 2. 7-digit MassDEP assigned Public Water System identification number; 3. City or Town; and 4. List all contributing fluoridated source(s), MassDEP Source Code(s), and Location ID/Name.

Distribution System Reporting:

1. **Sample Location:** Enter the distribution sample location (# or name)
2. **Sample Address:** Enter the address of the location sampled
3. **Split Sample:** Record if this distribution sample will be used as the month's split sample.
4. **Results of Weekly Fluoride Test:** Enter the fluoride concentration in milligrams/liter (ppm).
5. **Name of Tester/Comments:** Each day enter the name of the operator who is testing the fluoride levels and or comments (example: well offline-no testing).
6. **The last day of each month the Certified Operator or responsible person must:**
 1. Enter their name, sign and date the form; and 2. Complete the PWS contact information.

***** At least four (4) distribution samples MUST be collected and tested each month.
At least one (1) distribution sample should be collected near a school**

**** Form A, B, and C must be returned to the Massachusetts Department of Public Health Office of Oral Health by the 10th day following the reporting month**

Electronic copies of all forms are located at DPH Office of Oral Health
<http://www.mass.gov/dph/fch/ooh.htm> and MassDEP/DWP <http://www.mass.gov/dep/water/>